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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 1333 New Hampshire Avenue, NW			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Jorge Lopez, Jr.	202-887-4000		682-63
7. Client Name <input type="checkbox"/> Self Memorial Sloan-Kettering Cancer Center			6. House ID # 317841

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇔ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES – Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>60,000</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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[Handwritten Signature]

Date August 14, 2003

Signature _____

Printed Name and Title Jorge Lopez, Jr. – Partner

LD-2 (REV. 6/98)

F

Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P. Client Name Memorial Sloan-Kettering Cancer Cen

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each cod** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Medicare payment for hospital services (H.R. 1, S. 1)
Cancer-related legislation (H.R. 2741/S. 1101, H.R. 918/S. 453)

17. House(s) of Congress and Federal Agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
Centers for Medicare & Medicaid Services
Medicare Payment Advisory Commission

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Gary A. Heimberg	-----
Jorge Lopez, Jr.	-----
Dana E. Singiser	-----
Barney J. Skladany	-----

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date August 14, 200

Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P. Client Name Memorial Sloan-Kettering Cancer Center

Information Update Page – Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City: _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Janet C. Boyd

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organizations(s)

Name	Address	Principal Place of (city and state or country)

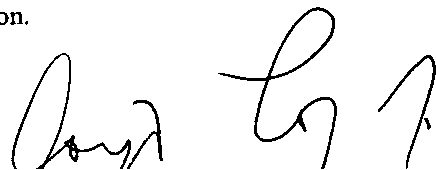
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution if more than \$10,000

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, affiliated organization.



Signature

Signature _____

Printed Name and Title Jorge Lopez, Jr. – Partner

Form LD-2 (Rev. 6/98)

Page